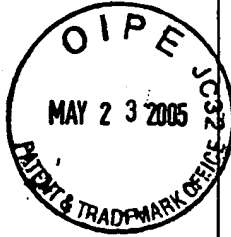


DFW ✓
PATENT



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 19, 2005

Kevin G. Rooney Reg. No. 36,330

5/19/05
Date

Applicants: Warren P. Williamson IV et al.
Serial No.: 10/808,197
Filed: March 24, 2004
Art Unit: 3641
Examiner: Stephen Johnson
Confirmation No.: 4574
Title: TILT INDICATOR FOR FIREARMS
Atty Docket No.: LSPL-04A

Cincinnati, Ohio 45202

May 19, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. X Small Entity status is claimed.
 Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	38	MINUS	49	= 0	x \$50	\$0	x \$25	\$0
INDEP.	12	MINUS	10	= 2	x \$100	\$0	x \$200	\$200
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180	\$0	+ \$360	\$0
TOTALS					TOTAL FEE	\$	TOTAL FEE	\$200

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

_____ No additional fee for claims is required.

4. Attached is a check in the sum of \$_____.

 X Please charge my Deposit Account No. 23-3000 in the amount of \$200.00.
A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) X Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<u>X</u>	one month	\$ 120.00	\$ 60.00
—	two months	\$ 450.00	\$225.00
—	three months	\$1,020.00	\$510.00
—	four months	\$1,590.00	\$795.00

— Attached is a check in the amount of \$435.00 for the three month extension fee as required by 37 C.F.R. § 1.17(c)

X Please charge my Deposit Account No. 23-3000 in the amount of \$60.00 for one month extension fee.

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension for _____ months has already been secured and the fee paid thereof of \$_____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$_____.

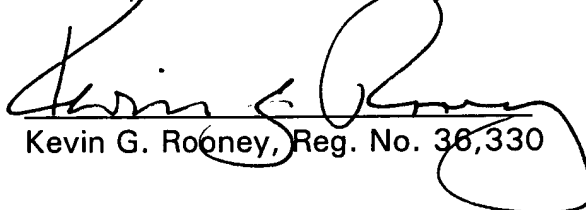
OR

(b)_____ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

XX If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.


Kevin G. Rooney, Reg. No. 36,330

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